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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/15/2014 7:57 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

Signature of Organizer Signature of Organizer Ahmed Shaik Print Name of Registered Agent Signature of Registered Agent	erjury under the laws of t	Ahmed Shaik, Mana Printed Name & Title Mohammad B Ali, Market Name & Title Mohammad B Ali, Market Name & Title Consent to serve as the registered as Ahmed Shaik Printed Name	ager nager pent on behalf of t	10/14/2014 Date 10/14/2014 Date he limited liability company. 0/14/2014
Signature of Organizer Signature of Organizer Ahmed Shaik	erjury under the laws of t	Ahmed Shaik, Mana Printed Name & Title Mohammad B Ali, Mana Printed Name & Title	ager nager	10/14/2014 Date 10/14/2014 Date
Signature of Organizer	erjury under the laws of t	Ahmed Shaik, Mana Printed Name & Title Mohammad B Ali, Ma	ager	10/14/2014 Date 10/14/2014
Signature of Organizer	erjury under the laws of t	Ahmed Shaik, Mana Printed Name & Title Mohammad B Ali, Ma	ager	10/14/2014 Date 10/14/2014
1 lif	erjury under the laws of t	Ahmed Shaik, Mana Printed Name & Title	ager	10/14/2014 Date
1 lif	erjury under the laws of t	Ahmed Shaik, Mana	_	10/14/2014
I/We declare under penalty of pe	erjury under the laws of t	he state of Kentucky that the fo	oregoing is tru	e and correct.
		•		
date of the delayed effective dat	e carnot be prior to the	date the application is flied. The	ne date and/or	(Delayed effective date and/or time)
date or the delayed effective dat		•		
Article V: This application will be	o offactive upon filing	place a delayed effective date :	and/or time is	provided. The effective
B. its member(s).				
A. a manager(s).				
Article IV: The limited liability co	mpany is to be manage	d by (must check one):		
Street Address or Post Office Box Nu	mber	City	State	Zip Code
445 Old US Highway 421		Manchester	Ky	40962
Article III: The mailing address of	, -			
and the name of the initial regist	ered agent at that office	is Ahmed Shaik		•
Street Address Only (No Post Office E	·	City Abmod Shaik	State	Zip Code
445 Old US Highway 421		Manchester	_ Ky	40962
Article II: The street address of				40000
A & B Wild Cat Discou	ant Products, LLC	<u> </u>		
Article I: The name of the limited		_		
	275, the undersigned ap	plies to qualify and for that pur	pose submits	the following statements
Pursuant to KRS 14A and KRS 2				
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to KRS 14A and KRS 2				

(01/12)